

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>OCT 16 2006</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>Marc P. Niedzieski</u> <u>820 N. French St</u> <u>Wilm, DE</u> <u>19801</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7004-2870-0002-4565-2179</u></p>	

PS Form 3811, February 2004 Domestic Return Receipt

4 Copies
Civil Action
99-638

Sue L. Robinson

cannot have copy of this

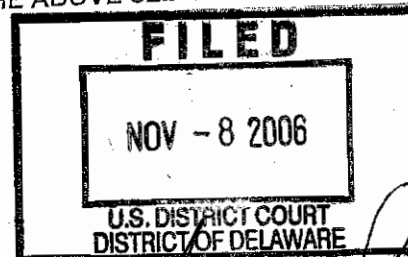
1A

SCIH MAILROOM

INMATE: Samuel Poole
NUMBER: BN-5599
The 2 folders w/metal clips

removed from you letter is considered to be contraband. Supply a DC-138A Cash Slip for postage and a proper sized envelope with the address you want the item(s) to be addressed to within ten days or the above item(s) will be destroyed.

af DATE 10/13/06
RETURN THE ABOVE SLIP WITH DC-138A



[Signature]

C.C.

Marc P. Niedzieski
820 French St
Wilm DE
19801

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

BN 5599 1100 PIKE ST

Postage \$ 1.11
Certified Fee 2.40
Return Receipt Fee (Endorsement Required) 1.85
Restricted Delivery Fee (Endorsement Required) 5.36
Total Postage & Fees \$ 5.36

Sent To Samuel T. Poole
Street, Apt. No., or PO Box No. 1100 PIKE ST
City, State, ZIP+4 Huntingdon PA 16654-1112

PS Form 3800, June 2002 See Reverse for Instructions

SCIH MAILROOM

copy

1A

INMATE: Samuel Poole

NUMBER: BN-5599

The 4 folders w/metal clips & video tape

removed from you letter is considered to be contraband. Supply a DC-138A Cash Slip for postage and a proper sized envelope with the address you want the item(s) to be addressed to within ten days or the above item(s) will be destroyed.

af DATE 10/12/06
RETURN THE ABOVE SLIP WITH DC-138A